

# STATEMENT OF PARTNERSHIP AUTHORITY

## Connecticut Partnership

Office of the Secretary of the State

**MAILING ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470  
860-509-6003

**DELIVERY ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

<b>Space for Office Use Only</b>		<b>Filing Fee: \$75.00</b>	<b>Make Checks Payable To "Secretary of the State"</b>
<b>1. NAME OF THE PARTNERSHIP:</b>			
<b>2. ADDRESS OF THE PARTNERSHIP'S CHIEF EXECUTIVE OFFICE:</b>			
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<b>3. ADDRESS OF OFFICE IN CONNECTICUT (if any):</b>			
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<b>4. REFERENCE AND ATTACH NAMES AND MAILING ADDRESSES OF ALL PARTNERS (OR) PROVIDE THE NAME AND MAILING ADDRESS FOR THE AGENT OF THE PARTNERSHIP BELOW:</b>			
Name of Agent:		Mailing Address:	
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<b>5. REFERENCE AND ATTACH THE NAMES OF THE PARTNERS WHO ARE AUTHORIZED TO EXECUTE AN INSTRUMENT TRANSFERRING REAL PROPERTY HELD IN THE NAME OF THE PARTNERSHIP:</b>			
<b>EXECUTION BY AT LEAST TWO PARTNERS:</b>			
Dated this _____ day of _____, 20_____.			
We hereby declare under the penalties of false statement that the statements made in the foregoing document is true.			
<b>6. Type or print names of signing partners</b>		<b>7. Signatures</b>	
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Reference an 8 1/2 X 11 attachment if additional space is required.